Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032



Under the Paperwork Rea				DEPARTMENT OF COMMERCE of information unless it contains						
		Attorney Docket	Number	ARD106USA						
	FOR UTILITY OF SIGN	First Named Inv	entor	Crouch						
	PPLICATION	CO	COMPLETE IF KNOWN							
	R 1.63)	Application Num	ber							
		Filing Date								
□ Declaration Submitted OR	☐ Declaration Submitted after Initia Filing (surcharge (37 CFR 1.16 (e)) required)	d Group Art Unit		"						
with Initial Filing		Examiner Name								
My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Evidence Collection Device the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
0017671.9 PCT/GB01/03242	GB	07/20/2000 07/19/2001	0000	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	r(s) Filing Date	(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)

Is sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)					
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the F													
OR						Place Customer Number Bar Code Label berg							
	Name				Regist	ration			Nam		Registration Number		
		Name Number			IVEI			Number					
Additional re	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below									ress below				
Name													
Address	is a second seco												
Address													
City	_					s	tate		ZIP				
Country				Tel	lephor	ne				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											made are		
Name of Sole or First Inventor:										ntor			
Given Name (first and middle [if any])						Family Name or Surname							
Peter A						Crouch							
Inventor's Signature											Date		
Residence: City State				cuntry	England		Citizenship	UK					
Post Office Add	dress	5 Bell Gardens, South Marston, Swindon, SN3 4TB											
Post Office Ad	dress												
City		State ZI			ZIP	Country England							
□ Additional it	nvonto	re are being no	mod o	n the	CI.	pplomoni	al Adı	ditional I	nvantor(e) e	hoot(c) PTO	/SR/02A attac	had hareta	

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])				Family Name or Surname						
Christopher				Braham						
inventor's Signature										
Residence: City	···· <u> </u>	State		٥	ountry	England		Citizens	hip	UK
Post Office Address	96 Staverton, Trowbridge, Wiltshire, BA14 6EP									
Post Office Address										
City		State			ZIP		Counti	Engi	land	
Name of Additional Joint Inventor, if any:										
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature									Date	
Residence: City		State		c	Country			Citize	nship	
Post Office Address						<u>.</u>				
Post Office Address										
City		State			ZIP		Çou	ntry		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Sumame										
Inventor's Signature							Da	Date		
Residence: City		State			Country			Citize	nship	US
Post Office Address										
Post Office Address										
City		State			ZIP		، ا	Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.